

Nevada State Board of

# NURSING NEWS

June 2012

Legislative  
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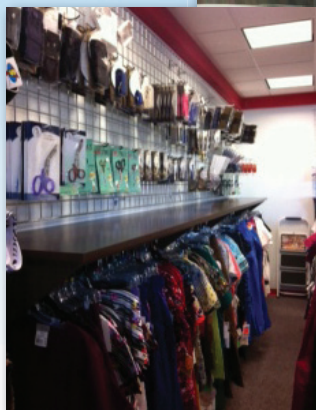
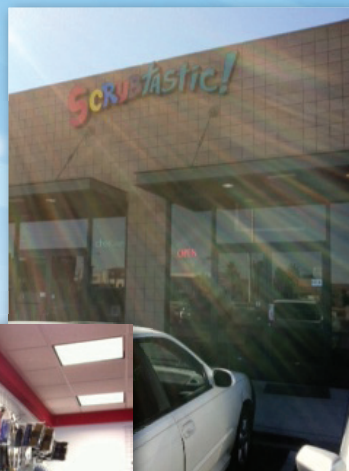
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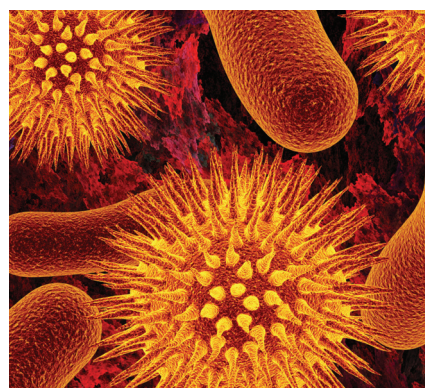
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# MESSAGE

## • FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

The theme for this issue of the NSBN News is Legislation. 2012 is a year of elections and, in Nevada specifically, when we begin discussions about our 2013 Legislative Session. We hope that this issue will encourage nurses throughout the state to get involved in the legislative process to impact improved access and foster quality healthcare in Nevada, in our nation, and globally.

The NSBN just recently passed a group of regulations and is currently in the process of proposing additional regulations to Chapter 632, our Nurse Practice Act. Were you involved in any phase of this process? If not, your opinions or desires may not be evident in the changes that have been made or are being proposed as we speak.

The process includes various steps which are communicated to the public via our website or other postings statewide. Oftentimes, an idea for a regulation change begins with a discussion at an open meeting of the Board, during an open meeting of one of the Board's Advisory Committees, or in response to how nursing is delivered in Nevada or nationally. Some ideas come from suggestions made by Nevada nurses, patients, or other professionals. Some ideas come from our experience with what is working well for other Boards of Nursing or regulatory entities.

The idea is discussed in an open forum and Board staff is directed to create wording that may address the desired changes. Once Board staff has developed the wording, the Board considers the concept and wording of the proposed changes in an open meeting. The word document is then submitted to the Legislative Counsel Bureau (LCB), a state executive branch agency made up of very helpful attorneys who utilize great skill in turning very easily understood words into legalese—often not easily understood by those of us who aren't attorneys. During this phase, our LCB assistance came from Colleen P., who was truly respectful, insightful, and brilliant in how she took our ideas and translated them into something that met statutory requirements. There were times when I was disappointed that regulation wouldn't allow us to make the changes we wanted, but I also developed a much better understanding of the rationale behind her recommendations.

Once we receive the new version of the proposed regulations from the LCB, we schedule Public Workshops, videoconferenced between our Las Vegas and Reno office sites. We produce a transcript from the workshops so that the Board may consider all comments received from the public during the workshops. We then schedule a Board hearing of the proposed regulations. Again, the public has the opportunity to comment on the proposed changes. During this process, the proposed regulations are discussed at the Legislative Committee on Health Care, another public meeting. Board staff is available at the meeting for questions and comments by the legislators. Although the committee does not have authority to approve or withdraw the proposed regulations, their input is invaluable. Our Board listens to their feedback and makes changes as appropriate. The Legislative Commission has the final decision on the proposed regulations and, again in a public meeting, considers the changes. If approved by the Commission, the regulations go to the Secretary of State for codification and they become Nevada law.

The agenda for every public meeting and workshop related to promulgating regulations is posted on our website. The actual files that we submit to the LCB and the file that we receive from the LCB are also posted. Board staff are available to answer any questions that you may have about the proposed changes. To find out about the changes which have occurred to the Nevada Nurse Practice Act, please refer to my article in this issue. If you weren't involved and you don't agree with the changes, I hope that you will become more informed and find ways to become involved to impact the law which governs your practice in Nevada. Enjoy the wonderful Spring!

Sincerely,





# WORDS

● FROM THE PRESIDENT

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Kelly Espinoza, MSN, RN, NSBN President

## SUSTAINABILITY AND NURSING LEADERSHIP IN HEALTHCARE

To say that healthcare is a challenge today is a significant understatement. There are multiple assumptions that can be made about the state of healthcare and the impact on nursing; what underlies all assumptions is the need to be flexible, lead the changes necessary and become “nimble” in care delivery and process improvement.

Even today, nursing and business acumen do not naturally go hand in hand. Most nurses in direct caregiver positions choose this career based on an interest in care delivery and to make a difference in patients’ lives. Nurses moving into leadership positions have traditionally been great nurses, yet often ill prepared to take on the “business” of management and the leadership skills needed to maneuver in today’s environment. Many organizations now require nurse leaders to have or obtain an advanced degree in nursing, business or a similar field.

Organizations such as the American College of Healthcare Executives (ACHE) and the American Association of Colleges of Nursing (AACN) discuss the changes needed to meet the demands of healthcare reform and seek new strategies to provide cost-effective, efficient healthcare with a focus on process, outcome and financial metrics.

Sustainability is absolutely dependent upon nursing’s leadership and ability to incorporate the business and process mapping skills into their tool kit leading caregivers into the future. Nursing leaders must view their areas of responsibility as their business applying strategy, vision, operational flexibility and succession planning.

Bottom line, we need to lead the change we see.



# LEGISLATIVE TIPS

## • Michael Hillerby

Mix 1,100 bills, 21 Senators, 42 Assembly members, one Governor and 875 registered lobbyists. Cook for 120 days under the media spotlight, turning up the heat daily. Season liberally with second guessing, speculation, 24 hour social media and hopes of reelection.

The casual observer might find this a recipe for disaster, and Mark Twain likened it to making sausage. But we know it as the biennial Nevada Legislature, where citizen legislators bring their varied interests and skills to the job of passing laws. How nurses approach this process and the 63 people who populate it will have much to do with how you practice your profession and care for your patients. Remembering a few simple guidelines can make your legislative experience a recipe for success.

key points you want to make and be ready with specific examples to bolster why you support, oppose, or seek to change the bill. Leave behind a concise letter or briefing paper along with your contact information. If you are appearing before a committee be certain to know the committee rules for exhibits and testifying, and stay focused on your key message. There will be many other witnesses and bills to be heard that day.

**Make it Personal:** Personalize how their vote will impact them as a potential patient, or what you as a typical nurse will have to do to fulfill a new requirement. An abstract discussion on scope of practice may have little impact, but showing them how that change might lower costs or improve a child's asthma care will leave a lasting impression.

## • An abstract discussion on scope of practice may have little impact, but showing them how that change might lower costs or improve a child's asthma care will leave a lasting impression.

**Know Your Audience:** Our legislators serve part-time, have limited staff, and hold a variety of roles in their daily lives. They have to learn a wide array of subjects in very little time and may have little specific knowledge of your profession and the history of the statutes that govern your scope of practice. Most legislators won't necessarily know the difference between RN, LPN, CNA and Advanced Practice. Make sure to explain what you do and how their actions will impact your job, as well as the patients you serve.

**Remember the 120 Day Calendar:** The limited calendar means that the time for committee meetings and one on one visits is also limited. Make sure you are prepared to make your key points quickly and effectively. A committee meeting may be cut short, a legislator may be late for your appointment, or you may end up having your meeting while walking with them to their next hearing. Don't take offense at being cut short- use this as an opportunity to skip to the heart of your message.

**Make the Most of Your Visit:** Know the

**Follow Through:** If a legislator asks for more information, or asks a question that you can't answer on the spot, follow up with the requested information or answer as soon as possible. This is a great opportunity to establish yourself as a trusted resource on nursing issues and form a relationship that can help you both.

**Your Mother Was Right:** The best way to be interesting is to be interested. Listen carefully to legislator questions and concerns, and answer them clearly and accurately. And don't forget to say thank you. A letter or email thanking them for their time and support is always welcome and will set you apart as a professional who respects the important job of being a state legislator.

The Nevada Legislature will always have a tremendous impact on your profession, and you should welcome the opportunity to have an impact on the laws being debated. Nevada nurses are also constituents, voters and an important voice in the process. I hope you will make the most of your visit to Carson City.





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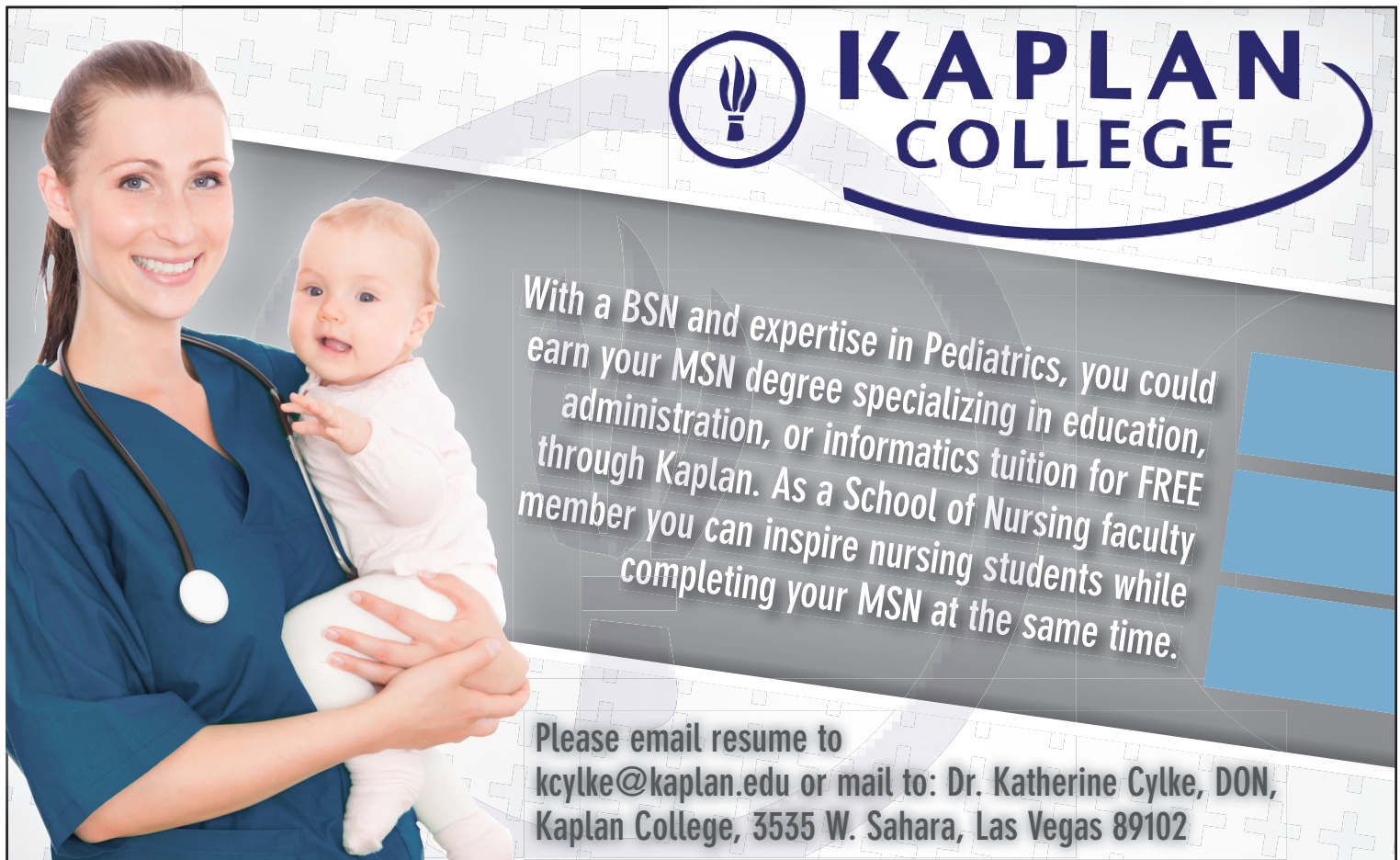
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# REGULATIONS

- The Board Adopts New Regulations as of February 15, 2012

By Debra Scott, MSN, RN, FRE, Executive Director



New Nursing Regulations, LCB File 112-11, were recently adopted by the Nevada State Board of Nursing. The promulgation of regulations is a transparent process requiring several publicly noticed steps before regulations are finally adopted. For a description of that process, please refer to the “Words from the Executive Director” located in the beginning of this issue of the NSBN News. Adoption of the new regulations may have an impact on your nursing practice in Nevada. Knowing and being involved in the process of promulgating regulations and being familiar with what has changed is important to nurses and certified nursing assistants. Highlights of the regulation changes are as follows.

## Medication Aides – Certified

A large portion of the changes made to the Nurse Practice Act (NPA) during the adoption of the new regulations provides for the implementation of SB 411, a bill that gave the NSBN the authority to regulate Medication Aides – Certified (MA-Cs). MA-Cs are providers who are only used in Board approved Long Term Care Facilities who administer routine medications to stable patients through delegation by the Registered Nurse. MA-Cs must be CNAs in good standing with the Board, actively certified and working full time for at least one year. They must meet certain criteria to be enrolled in a Board approved MA-C course, must successfully complete the course provided by a Board approved MA-C Program, and must successfully pass a Board approved national MA-C examination. The new regulations provide the legal requirements for programs, instructors, curriculum, examination and certification of the MA-Cs. A thorough reading of the new regulations will ensure that your interface with this new type of provider will be legal and safe for patients.

## Delegation

Until these regulations were adopted, RNs in Nevada could only delegate nursing tasks to other nurses (LPNs). Upon passage of SB 411, it became apparent that regulations must be updated to allow RNs to delegate medication administration to MA-Cs. NAC 632.222 and 224 outline the process for appropriate delegation by RNs. The only change to this regulation was to change the word “nurses” to “persons” and “other personnel.” RNs in Nevada may now delegate nursing tasks to other personnel, not only MA-Cs,

but other individuals who provide care to our patients. The RN is responsible for performing the Delegation Process and maintains accountability in the delegation of care. The new regulation specifically states, “The registered nurse who delegates nursing care or duties relating to that care to other personnel is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.” Questions regarding the Delegation Process may be directed to Board staff and additional information on delegation is available on the Board’s website.

## Fingerprinting

In general, the new regulations just updated language to be in compliance with the processes followed by Board staff in fingerprinting licensees and certificate holders. As you know, the Board now requires fingerprinting on renewal in some circumstances. If nurses or CNAs were licensed/certified before the year 2000, criminal background checks will be required for a full 2 year renewal.

## Practice Requirement for Nurses Who Apply for Licensure in Nevada

Until these regulations were adopted, only Nevada licensed nurses who renewed their licenses were asked what was the last date they practiced nursing. The law required that Nevada nurses must have practiced nursing within the previous 5 years as a requirement for renewal of their licenses. The Board believed that it was unfair to Nevada nurses to require that they have practiced within the last 5 years and not require that of nurses who are applying for licensure from another jurisdiction. The new regulation requires that nurses who are endorsing (applying for a license in Nevada based on an active license in another state) must have practiced nursing within the past 5 years. If they have not, they must either complete a Board approved Refresher Course or successfully pass the NCLEX, the Board approved national nursing licensure exam. The regulations for Nevada renewal requirements have not changed.

## IV Therapy Course

Minimal changes were made related to the requirements for the IV Therapy Course for LPNs in Nevada. These changes were made at the request of instructors who provide this course to Nevada LPNs or teach this course as part of Nevada Practical Nursing Programs.





## Nursing Program Requirements

Several changes were made to the legal requirements for nursing education programs to be approved in Nevada. The changes were made in response to instructor and nursing student input and provide for patient safety and more transparency for nursing students.

## Discipline and Investigations

Several changes were made in the regulations related to unprofessional conduct. Prior to the regulation changes, the Board could revoke a nurse's license for up to 10 years. The regulation increased the limit for revocation to 20 years. New definitions of unprofessional conduct were added to include harm to a family member of a patient in addition to harm to a patient, committing an error in the delivery or administration of a medication, failing to cooperate with an investigation of the Board, and violating professional boundaries by the use of social media. The MA-C was included in all of the unprofessional conduct regulations.

## School Nurses

The new regulations allow a School Nurse to delegate the documentation of administration of a medication to a student rather than to complete the documentation herself. School Nurses have been able to delegate medication administration to qualified persons for many years. This new regulation allows them to delegate the documentation of the medication administration to the person who actually administers the medication.

In summary, a copy of the new regulations may be found on the Board's website. We welcome your input and involvement in all legislative activity related to the regulation of nursing in Nevada. You are extremely important in this process.

## NSBN Participates in NURSIS: Disciplinary Actions will follow you from State to State



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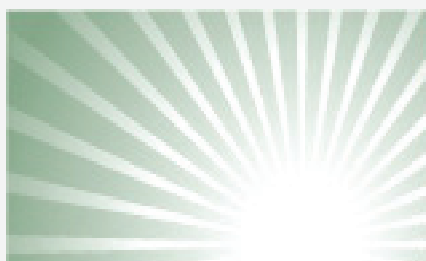
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# NURSE PRACTICE ACT

## LAWS\*

(Nevada Revised Statutes Chapter 632)

### Idea

Ideas for legislation come from government, elected officials, businesses, lobbyists, and citizens

### Drafting

A request for a bill draft is made by legislators, legislative committees, the governor, state agencies, and local governments. Legislative Counsel Bureau prepares bill draft

### Introduction and First Reading

Bill is submitted by Senate or Assembly member, numbered and read for first time, assigned to committee and printed.

### Action in the House of Origin Committee

A committee holds a hearing to take testimony and gather information about the bill. It may recommend the house pass a bill as written, pass with amendments, or not pass at all.

### Second Reading Before the Full House

A bill given "Do Pass" recommendation is read a second time and placed on General File for debate and vote. A bill that is given an "Amend and Do Pass" recommendation is read a second time, amended, and reprinted before being placed on the General File for action.

### Floor Debate and Vote by Full House

Bills are read a third time and debated. Roll-call vote follows. Passage of most bills and joint resolutions requires 11 votes in Senate and 22 in Assembly. If passed or passed with amendments, the measure is sent to the second house.

### Action in the Second House

#### First Reading

Bill is read for the first time and referred to committee.

#### Committee

Procedures and possible actions are identical to those in the first house.

### Second Reading Before the Full House

If passed by a committee, bill is read for a second time and placed on the daily file (agenda) for debate and vote.

### Floor Debate and Vote by the Full House

The procedure is identical to that in the first house. If the second house to consider a bill passes it without amendment, it is sent to the governor. If second house amends a measure, it is returned to the house of origin for consideration of the amendments.

### Role of the Governor

The governor may sign the bill into law, allow it to become law without his signature, or veto it. A vetoed bill returns to the house of origin for a possible veto on overriding the veto, which requires a two-thirds majority of both houses. Measures become effective October 1 in the year of the legislative session, unless otherwise specified in the bill.

## REGULATIONS

(Nevada Administrative Code Chapter 632)

### Idea

Ideas for regulations come from Board members and staff, Board advisory committees, other regulatory boards, nurses, CNAs, educators, health care organizations, civic and consumer groups, legislators, government officials, nursing associations, and labor organizations

### Drafting

The Board submits a draft to the Legislative Counsel Bureau for review, and if necessary, amendment to ensure the proposed regulation meets legal requirements.

### Public Workshop(s)

The Board holds a public workshop(s) to solicit comments on the proposed regulation. Also, written comments sent directly to the Board office are accepted and considered.

### Public Hearing

The Board holds a public hearing to consider all public comments received before and at the hearing. It then debates the issues, and votes to adopt (with or without amendment), or not to adopt, the proposed regulation.

### Legislative Health Care Committee

The Legislative Counsel Bureau reviews the adopted regulation (and any amendments) to ensure it meets legal requirements, and if so, forwards it to the Health Care Committee for approval/disapproval.

### Legislative Commission

If approved by the Health care Committee, the regulation is forwarded to the Legislative Commission for approval/disapproval.

### Secretary of State

The Secretary of State codifies the approved regulation; it becomes effective on the date it is incorporated into the Nevada Administrative Code.

## PRACTICE DECISIONS

(or Advisory Opinions)

### Idea

Ideas for practice decisions come from nurses, CNAs, educators, health care organizations, civic and consumer groups, legislators, government officials, nursing associations, and labor organizations. Often, the idea will come in the form of a practice decision request; a request form is available on the Board's website.

### Research and Recommendation

In many cases, the Board's Nursing Practice Advisory Committee will receive a practice decision request and place it on a committee agenda. In some cases, the issue may be more appropriate for consideration by another of the Board's five advisory committees. The committee considers the request or issue at its public meetings. It will solicit member and public input, and may assign a member to create a task force to do research on the issue. After thorough consideration and discussion, the committee members vote on whether to recommend the Board adopt the practice decision.

### Board Decision

At a regular public meeting, the Board considers the recommendation made by an advisory committee or by Board staff to adopt the practice decision. It takes testimony from interested parties, reviews the research, debates the issues, and votes to adopt (with or without amendment), or not to adopt, the practice decision.

### Effective Date

If the Board votes to adopt the practice decision, it becomes effective on the date of the vote.

Board decisions are generated per NAC 632.935 Advisory opinion or declaratory order. (Please note the terms Practice Decision and Advisory Opinion are interchangeable.)

When laws, regulations, and practice decisions become effective, they become part of the Nevada's Nurse Practice Act, published on the Board's website.

\*Adapted from the Nevada State Legislature's website: [www.leg.state.nv.us](http://www.leg.state.nv.us). The Board encourages you to visit the website. It contains a wealth of information, including a helpful tool to find and contact your legislators, the text of all bills once they are printed, a list of legislative committees and their members, committee agendas and minutes, and even a way to listen and/or view the legislature live.

# WALK WITH ME

## • Patient Safety and Infusion Standards

Kathy Mohn, MS, RN



Every nurse has been embarrassed to be accosted by a family or friend who describes being stuck 5- 8 times before an IV is successfully inserted. Patients describe the pain, anxiety and abuse they experience. Patients deserve better safer IV therapy.

I was asked by Kathy to speak on new regulations for IV class for LPN certification at the Vascular Access Network conference. I was so impressed by the conference and the nurses' dedication to patients having safe access to IV therapy that I asked Kathy to be our "Walk with Me" article for this issue. Kathy Mohn teaches pediatrics at College of Southern Nevada and is the president of the Nevada Vascular

Nursing Association. She is a legal nurse consultant only for IV cases.

It has been said by the department of labor that 90 percent of a nurse's day is involved in IV care. The Infusion Nursing Society Journal in the January /February 2011 issue published the Infusion Nursing Standard of Practice. The standards are clearly stated would be used in a court of law if a patient is seeking redress for injury which occurred during IV therapy. In this article, a few standards will be highlighted but I strongly recommend all nurses involved in IV therapy to review the standards and compare to his or her policies and procedures. Facility educators and schools of nursing need to pay particular

attention to the standards and helping the nurse understand the responsibilities for safe patient IV therapy.

Kathy has selected some specific standards for review.

**Site selection** – distal areas of upper extremities and subsequent cannulation should be subsequent to previously cannulated site.

Avoid ventral surface of wrist because of pain on insertion and possible damage to radial nerve.

C "Site selection should be initiated routinely in non-dominant arm. VAD sites should avoid areas of flexion; areas of pain on palpation; veins that are compromised, bruised, infiltrated, phlebotic, sclerosed, or coded; location of valves; areas of planned procedures. In infants children, avoid the hand or fingers or the thumb/finger used for sucking" s41

H "The nurse should consider using visualization technologies that aid in vein identification and selection"

E. "Therapies are not appropriate for short peripheral catheters include continuous vesicant therapy, parenteral nutrition, infusates with pH less than 5 or greater than 9 and infusates with an osmolality greater than 600mOsm/L. The nurse should collaborate with the pharmacist and the licensed independent practitioner to assist in selection of the most appropriate vascular access device based on projected treatment plan" S 37

No more than 2 attempts by any one nurse, as multiple unsuccessful attempts limit future vascular access and cause patients unnecessary pain. Patients with difficult vascular access require careful assessment of VAD needs and collaboration with health care team to discuss appropriate options. S44

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EOE

continued on page 22 >>



# BOARD TALK

## BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

## BOARD MEETING DATES

July 25 – 27, 2012, Zephyr Cove  
September 12 – 14, 2012, Las Vegas

## ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for an appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for a committee application.

## MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via video-conference in Reno and Las Vegas.

### Advanced Practice Advisory Committee (four)

August 21, 2012

### Certified Nursing Assistant/MA-C Advisory Committee (none)

July 10, 2012

### Disability Advisory Committee (none)

October 10, 2012

### Education Advisory Committee (one)

August 23, 2012

### Nursing Practice Advisory Committee (none)

August 21, 2012

## • COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

## • WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

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# VOLUNTEER

## • Nursing Students Gain Practical Experience through Volunteer Program

By Susan Adamek, MS, RN, NEA-BC, FACHE

Nursing students at Roseman University of Health Sciences now have an innovative opportunity to gain practical experience through a new collaborative program with St. Rose Dominican Hospitals in Henderson and Las Vegas. Proposed by Roseman University's Director of Financial Aid, Jesse Stasher, the University's Community Service Project utilizes funds available from the Federal Work-Study Program to pay qualified nursing and pharmacy students in community service/volunteer positions. The program provides the public with education and volunteer assistance within the health care industry through volunteer services, preventive education and emergency response training. Southern Nevada is a diverse community with its share of underserved populations in need of this type of education and health care assistance.

To receive Federal Work-Study funding, the student must first apply for financial aid at the University. The Financial Aid Office determines if the student is eligible to receive work-study as part of their financial aid awarding process. Then the student may utilize their award with an approved agency that has contracted with the University and he/she is paid an hourly rate for approved volunteer work.

As the Director of Education for St. Rose Dominican Hospitals, I took the lead from the agency side in planning and administering the program. We had never used volunteers in a clinical role before, but our nursing and pharmacy leadership recognized the benefits to both the students and the organization. We anticipated that the students would gain confidence and experience in the clinical setting that would improve their academic performance and assist them in obtaining employment after graduation. From the hospitals' perspective, volunteer support would relieve our licensed staff of some

of the duties that do not require a license, and allow them to more efficiently use their time and expertise.

We had some logistical issues to work through before the program could start. New job descriptions were developed for the nursing student volunteers in consultation with the Nevada State Board of Nursing. We were careful to limit their duties to tasks that were not restricted to licensed personnel. We followed a similar process in determining the pharmacy volunteers' job description. Since their duties were so different from those of our other volunteers, we decided that our nursing volunteers would wear a completely different uniform and name badge to minimize confusion by the staff and patients. Like all hospital volunteers, our student volunteers must be processed before they can begin working. This includes background checks, drug screens, TB testing and completion of a volunteer orientation session. Finally, in March we were ready to welcome our first student volunteers.

I was amazed with the level of interest from the students and the clinical managers. Within two months, we had eight pharmacy student volunteers and 37 nursing student volunteers placed in multiple clinical areas on all three campuses. Student volunteers can work up to 20 hours a week, so they are a significant resource to their assigned units. The enthusiasm and professionalism of the student volunteers has been impressive, and their co-workers are welcoming them as valuable members of the healthcare team. Enrollment of student volunteers into this program is ongoing, and we have plans to expand their role in the fall by having them conduct some emergency preparedness community outreach programs. We are grateful to have the opportunity to partner with Roseman University of Health Sciences in this creative program.





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## University of Nevada Reno Orvis School of Nursing

The Orvis School of Nursing at the University of Nevada, Reno is seeking a candidate for one full-time non-tenure track position with the rank of assistant, associate or full professor beginning spring 2013. Specialty in Maternity Nursing is required. Academic programs are offered at the baccalaureate, master's, and doctor of nursing practice levels. Salary and rank commensurate with education and experience. Further information about the University and the Orvis School of Nursing can be found at [www.unr.edu](http://www.unr.edu) and [www.unr.edu/nursing](http://www.unr.edu/nursing), respectively. Must be eligible for NV RN licensure. For more information, please contact search committee chairperson, Stephanie DeBoor, PhD, RN, CCRN ([deboors2@unr.edu](mailto:deboors2@unr.edu)) or apply online at <http://www.unrsearch.com/postings/>. The University of Nevada, Reno is a research extensive university located in the foothills of the Sierra Nevada Mountains, just an hour away from beautiful Lake Tahoe. The Orvis School of Nursing offers an entry-level BSN program, an online RN to BSN program; an MSN program, with Family Nurse Practitioner, Nurse Educator and Clinical Nurse Leader tracks; and a post-master's DNP program. The Orvis School of Nursing is part of the Division of Health Sciences providing numerous opportunities for collaborative teaching, research and services with other disciplines in the Division and University-wide. The University of Nevada, Reno is committed to Equal Employment Opportunity/Affirmative Action in recruitment of its students and employees and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability and sexual orientation. The University of Nevada employs only United States citizens and aliens lawfully authorized to work in the United States. Under-represented groups are encouraged to apply.



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# Why Can't a Registered Nurse Possess and Administer a Drug Pursuant to a **WRITTEN PROTOCOL**?

By Carolyn Cramer, Nevada State Board of Pharmacy General Counsel



This is a common question we get from registered nurses at the Board of Pharmacy. The answer can be found at NRS 454.213(3) which states:

A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

...

3. Except as otherwise provided in subsection 4, a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a **prescribing** physician, physician assistant, dentist, podiatric physician or advanced practitioner of nursing, or pursuant to a chart order, for administration to a patient at another location. (Emphasis added)

The necessary and legally mandated prerequisite to the simple act of a registered nurse or licensed practical nurse administering a dangerous drug is that the practitioner has prescribed the drug in the first place. In order for the practitioner to have prescribed a drug for a nurse to administer, the practitioner must have a bona fide therapeutic relationship with the patient. A bona fide therapeutic relationship is established by the practitioner performing a physical examination himself or herself upon the patient, and as a result of the physical examination, the practitioner has made a diagnosis of a condition for which a given drug therapy is prescribed. Under Nevada law, the physical examination must have occurred no more than six months before the prescription.

The Nevada Legislature has not allowed a registered nurse to administer a drug or medicine pursuant to a written protocol under chapter 454.213(3) as it has so authorized pharmacists to administer immunizations pursuant to a written protocol pursuant to NRS 454.213(19). In other words, the Nevada Legislature has allowed the use of written protocols between a practitioner and a pharmacist for the administration of immunizations but has made no similar allowance for the

**“The necessary and legally mandated prerequisite to the simple act of a registered nurse or licensed practical nurse administering a dangerous drug is that the practitioner has prescribed the drug in the first place.**

use of written protocols between and practitioner and a nurse.

The effect of allowing registered nurses and licensed practical nurses to administer dangerous drugs pursuant to a written protocol would dramatically change the practitioner/patient relationship and would allow registered nurses to administer any dangerous drug without a physical examination being performed by a practitioner, thus eliminating the physical examination or diagnosis by a practitioner. A further review of NRS 632.0169 supports the structure and restriction the Nevada Legislature has placed on the ability of registered nurses and licensed practical nurses under NRS 454.213(3) to administer after a practitioner prescribes a drug to be administered by the registered nurse or licensed practical nurse as the practice of nursing does not include acts of medical diagnosis or prescription of therapeutic or corrective measures. Therefore, registered nurses and licensed practical nurses may administer dangerous drugs to a patient only after the practitioner has first physically examined the patient, made the diagnosis, and prescribed the drug to be administered by the registered nurse or licensed practical nurse.

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# KUDOS

to Nevada nursing authors



### **University of Nevada Reno**

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### **University of Nevada, Las Vegas**

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### **Nevada State College**

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### **Kaplan College**

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# Nevada State Board of NURSING NEWS

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*Executive Director*

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Budget, Accounting and Payroll  
Technology Support  
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CNA Training Programs  
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### **Wendy Dostal, Management Assistant**

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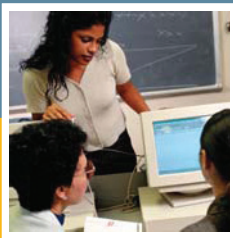
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# PATHWAY

## Nevada's "Volunteer Nurse" License: a pathway to new adventures

Contact: Betsy Hambleton, APR, Washoe County MRC • (775) 328-6111

In today's tough economic climate, volunteers are becoming increasingly important in preserving and protecting public health. Many organizations such as, the American Red Cross and the Medical Reserve Corps are in dire need of retired nurse volunteers. The volunteer nurse's participation in public health, disaster preparedness, and emergency response cannot be over emphasized. These retired nurses may be the only nurses available during a disaster; therefore their services are an integral part of our community's ongoing resiliency and recovery after a disaster.

"After moving to Northern Nevada a year ago a friend suggested I join the Medical Reserve Corps (MRC) as a means of helping out," Lin Zahrt, RN said. "...I have public health experience and had taken the Incident Command trainings; volunteering as an emergency nurse during a disaster or other public health emergency would be a new edge for me—I wanted to continue life-long learning."

During the past several years there has been an increasing shortage of volunteer nurses in the U.S. Understandably, nurses have been reluctant to pay for their license if they serve only as volunteers. This makes recruitment and retention of volunteer nurses more difficult for the non-profit and community organizations that rely on them.

The Nevada State Board of Nursing created a new category of licensure called the "Volunteer Nurse," waiving the licensure fee as a means of encouraging retired nurses to return to practice in a volunteer capacity. This volunteer license carries no cost providing the nurse practices gratuitously. Similar to the regular license, the volunteer license is

subject to the same renewal requirements, disciplinary oversight and actions as the standard license. Nurses participating in the "Volunteer License" program must be affiliated with a disaster relief organization or public health agency.

Skilled, vetted, licensed retired nurses are a powerful resource. Many of these retired nurses are motivated to become involved in volunteer work as a source of renewal; drawn to return to the profession as a means of reconnecting or exploring new pathways, such as education, disaster response, and other factors that first led them to nursing.

The Volunteer License is a means for retired nurses to stay in the workforce through volunteering, recognizing past contributions by fee waiver, but ensuring a credentialed workforce will be available. For more information about the Volunteer Nurse License please log on to: [www.nevadanursingboard.org](http://www.nevadanursingboard.org). For more information about joining a Medical Reserve Corps unit in your area, please log on to [www.ServNV.org](http://www.ServNV.org); for more information about joining the Northern Nevada Red Cross please log on to [www.nevada.redcross.org](http://www.nevada.redcross.org).



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### Competency and Competency validation

C. “Multiple infusion-related tasks are identified as core competencies for all Registered Nurses.” S 11

G. “A variety of different methods should be used for competency validation including, but not limited to, written tests for evaluating knowledge, use of clinical scenarios and assessment of critical thinking skills, observation in skills lab and observing performance of the skill in the work environment, which is the preferred method for invasive infusion therapy procedures.” S 11

### Infection

F. “The nurse should immediately notify the LIP (Licensed Independent Practitioner) of signs and symptoms of infection, including but not limited to erythema, edema, induration, or drainage at the VAD insertion site and /or body temperature elevation and take appropriate interventions S 68

### Improving the Products

Nurses should never be afraid to speak to manufacturers about improving their products. I was invited to join Dr. Steve Bierman, the inventor of the Stat-lock, to discuss his pediatric product line. I met him at a Phoenix Suns game. He asked me about my perceptions of his product line. I shared my disenchanted perceptions with him and gave him and his engineers some suggestions about improving that entire line. Although I had no idea how to interface my complaints about the product with manufacturing, Dr. Bierman listened intently and advised his engineers to get busy. They did and the improvements that were made to the pediatric devices enhanced the products for actual practice. I was amazed that he would even listen to me, let alone change his entire product line.



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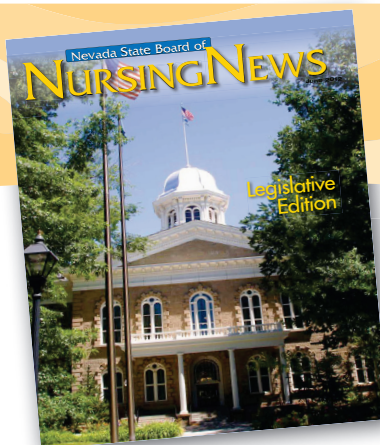
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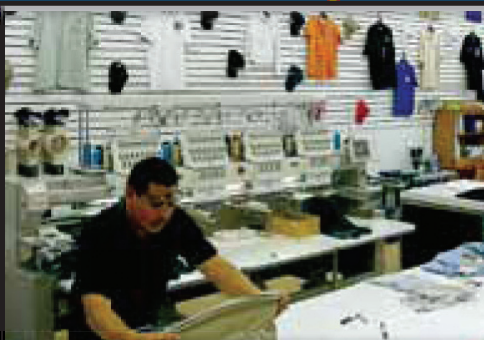
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